



# Documenting a Depression Screening

*Outlines the proper workflow for documenting the completion of a depression screening using a standardized screening tool*

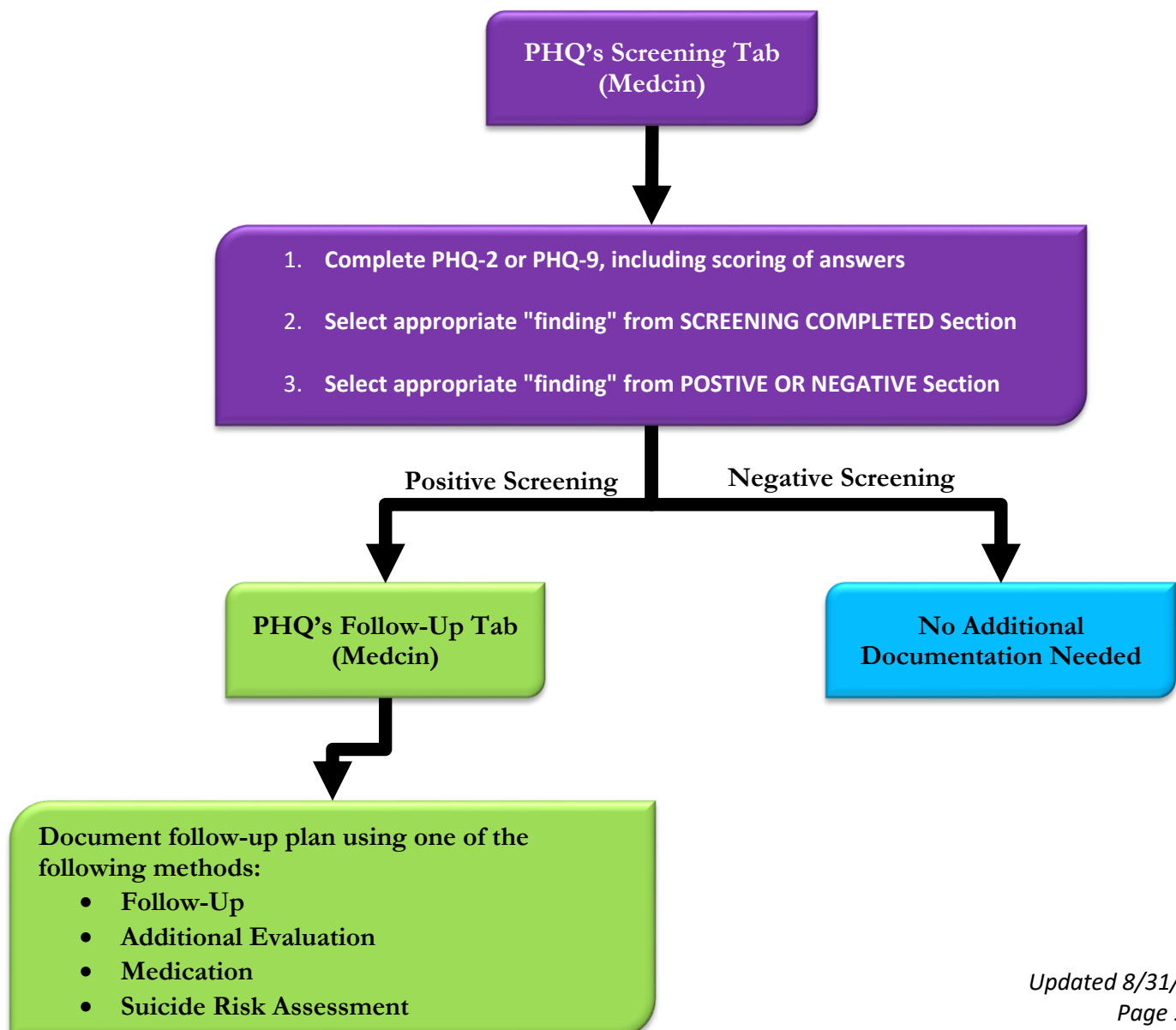
## Purpose of Structured Data

- The depression screening is a Uniform Data System (UDS) measure and is directly linked with the 2016 Clinical Quality Measure (CQM) 2v5 – Screening for Clinical Depression and Follow-Up Plan (NQF0418)

## Description of Measure

- This measure looks at the total percentage of patients aged 12 years and older who were screened for clinical depression on the date of the encounter using an age appropriate standardized depression screening tool. If the screening is positive, the patient must have a follow-up plan documented on the date of the positive screening.

## Workflow – Overview



## Workflow - Detail

1. On today's encounter for the current patient open **Medcin**
2. Select the appropriate **Medcin Form** (i.e. – Adult Master)
  - a. **Note: The PHQ's Screening and PHQ's Follow-Up tabs are located in all main Medcin Forms**
3. Proceed to the **PHQ's Screening** tab
4. Complete the PHQ-2 as required:
  - a. To complete the PHQ-2
    - i. Ask the patient question 1 and enter the appropriate score, numerically, using 0-3
    - ii. Ask the patient question 2 and mark the appropriate score, numerically, using 0-3
    - iii. As you complete the questions, the score will automatically add. **Note: Date is no longer needed as it is assumed the Encounter date is the date the screening was completed.**

Over the past 2 weeks, how often have you been bothered by any of the following problems?:

1. Little interest or pleasure in doing things?

2. Feeling down, depressed or hopeless?

SCORE 0-3

0 = NOT AT ALL  
1 = SEVERAL DAYS  
2 = MOST DAYS  
3 = NEARLY EVERYDAY

PHQ-2 Depression Scale Score

5. If the Patient refuses or there is a medical reason for not completing the screening, you must select one of the appropriate responses in Medcin. Select the **Y** next to the appropriate finding. Utilize the free text note for any additional information, as needed

MEDICAL REASON FOR NOT SCREENING

Medication Intolerance

Treatment Not Tolerated

Procedure Not Carried Out

Procedure Contraindicated

Procedure Not Indicated

Medical Contraindication

PATIENT REASON FOR NOT SCREENING

Refusing Procedure For Religious Reasons

Refusal of Treatment for Religious Reasons

Refusing Intervention

Refusing Procedure

Refusing Treatment

Proc/Treatment Not Carried Out Due To Patient Decision Unspec Reason

Noncompliance With Therapy Refused Access To Services

Procedure/Treatment Not Carried Out Due To Patients Decision For Other Reasons

Noncompliance With Therapy Refused Intervention / Support

Noncompliance With Therapy Refused Service

Armed Forces Special Screening For Tbi - Declined By Patient

6. You must document that the screening was completed for either **Adolescent** or **Adult**. Select the appropriate finding under the **SCREENING COMPLETED** section by choosing **Y**. **Note: If not completing the screening due to patient or medical reasons, you must document N next to the appropriate finding**

SCREENING COMPLETED (PICK ONE)

Adolescent Standardized Depression Screening Completed (Ages 12-17)

Adult Standardized Depression Screening Completed (Ages 18 and Older)

7. You must document whether the screening was **Positive** or **Negative**. Utilize the **POSITIVE OR NEGATIVE** section of the Medicin Form

POSITIVE OR NEGATIVE (PICK ONE)		
Positive For Symptoms	<input type="checkbox"/> Y	<input type="checkbox"/> N
Negative For Symptoms	<input type="checkbox"/> Y	<input type="checkbox"/> N

8. If the screening was negative, you are complete with documentation. If the screening is positive, you must document a follow-up method which is located on the **PHQ's Follow-Up** tab. Follow-up must be documented by the clinical support team even if a warm-handoff or referral to BHC is made.

**\*\*IMPORTANT\*\***

If patient has a positive screening, you must document a follow-up method located on the PHQ's Follow-Up tab.

If completing a warm-handoff or referral to BHC document follow-up using: Consult to Mental Health Counselor (BHC)

**\*\*IMPORTANT\*\***

A follow-up plan, additional evaluation plan, suicide risk assessment, or medication must be documented for any patient (adolescent or adult) that has a positive phq-2 or phq-9

9. There are four different categories that are available to be used when documenting a follow-up plan:
- Follow-Up
    - Consults

FOLLOW-UP - CONSULTS		
Consult To Psychiatrist	<input type="checkbox"/> Y	<input type="checkbox"/> N
Consult To Psychologist	<input type="checkbox"/> Y	<input type="checkbox"/> N
Consult To Mental Health Counselor (BHC)	<input type="checkbox"/> Y	<input type="checkbox"/> N
Consult To Child Psychiatrist	<input type="checkbox"/> Y	<input type="checkbox"/> N

- Assessments

FOLLOW-UP - ASSESSMENTS		
Mental Health Care Assessment	<input type="checkbox"/> Y	<input type="checkbox"/> N
Mental Health Treatment Assessment	<input type="checkbox"/> Y	<input type="checkbox"/> N
Mental Health Promotion Assessment	<input type="checkbox"/> Y	<input type="checkbox"/> N
Mental Health Screening Assessment	<input type="checkbox"/> Y	<input type="checkbox"/> N
Assessment Intervention Mental Health History Taking Assessment	<input type="checkbox"/> Y	<input type="checkbox"/> N
Coping Support Assessment	<input type="checkbox"/> Y	<input type="checkbox"/> N
Emotional Support Assessment	<input type="checkbox"/> Y	<input type="checkbox"/> N
Mental Health Nursing Assessment	<input type="checkbox"/> Y	<input type="checkbox"/> N

iii. Management

FOLLOW-UP - MANAGEMENT			
Mental Health Promotion Management	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/>
Mental Health Screening Management	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/>
Mental Health Treatment Management	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/>
Mental Health Care Management	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/>
Assessment Intervention Mental Health History Taking Management	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/>
Emotional Support Management	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/>

iv. Patient Education

FOLLOW-UP - PATIENT EDUCATION			
Parent Education: Giving Praise	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/>
Patient Ed: Emotional Support	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/>
Patient Ed: Mental Health	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/>
Patient Ed: Mental Health History Taking	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/>
Patient Ed: Mental Health Promotion	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/>
Patient Ed: Mental Health Screening	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/>
Patient Ed: Mental Health Treatment	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/>

v. Other

FOLLOW-UP - OTHER			
Follow-Up Visit When And If Necessary	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/>
Case Management Follow-Up	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/>
Completion Of Mental Health Crisis Plan	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/>
Follow-Up For Psychiatric Disorder	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/>
Psychiatric Therapy For Crisis Intervention With Follow-Up	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/>
Psychological Support Implementation Of Measures	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/>
Patient Discharged By Mental Health Primary Care Worker	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/>
Assess Mental Health Care	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/>
Assess Mental Health History	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/>
Coordinate Mental Health History	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/>
Coordinate Mental Health Promotion	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/>
Coordinate Mental Health Treatment	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/>
Evaluate Emotional Support	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/>
Explain Mental Health Care	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/>

Explain Mental Health Screening	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/>
Explain Mental Health Treatment	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/>
Monitor Mental Health Promotion	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/>
Monitor Mental Health Screening	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/>
Monitor Mental Health Treatment	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/>
Reinforce Emotional Support	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/>
Report Mental Health Screening	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/>
Teach Mental Health History	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/>
Teach Mental Health Promotion	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/>
Arrange Coping Support	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/>
Arrange Emotional Support	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/>
Arrange Mental Health Care	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/>
Assess Coping Support	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/>

b. Additional Evaluation

ADDITIONAL EVALUATION		
Psychiatric Diagnostic Evaluation	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/>	
Visit For: Single Organ System Exam Psychiatric	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/>	
Psychiatric Examination Following Psychotherapy/Mental Treat	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/>	
Psychiatric Evaluation For Criminal Responsibility, With Report	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/>	
Psychiatric Initial Interview With Mental Status Evaluation	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/>	
Psychiatric Evaluation For Testamentary Capacity, With Report	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/>	
Prev Med Serv Evaluation Of Psychosocial Impact On Plan Of Care	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/>	
Psychiatric Diagnostic Evaluation Initial	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/>	
Psychological Evaluation	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/>	
Psychiatric Evaluation For Rehabilitation	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/>	
Psychiatric Diagnostic Evaluation With Medical Evaluation And Management	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/>	
Psychiatric Interview And Evaluation	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/>	
Visit For: Psychiatric Exam Requested By Authority	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/>	

c. Suicide Risk Assessment

SUICIDE RISK ASSESSMENT		
Dangerousness Assessment Suicide Risk	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/>	
Suicide Risk	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/>	

- d. Depression Medication – *Note: If using medication as the follow-up plan the medication **MUST** be prescribed on the date of the positive depression screening using one of the appropriate medications*
- The medications “approved” for the measure have been added under a **Medication Picklist** – titled **Depression Medications (UDS)**. To access this list click on **Medications** → **Picklist** → **Picklist Name: Depression Medications (UDS)**

Starter Set	Hot List	Historical	Picklist	Advanced	
					Picklist Name: <input type="text" value="Depression Medications (UDS)"/>
Name	Sig	Dispense	Refills		